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CONFIRMATION NO. 6731

Bib Data Sheet

SERIAL NUMBER 10/829,573	FILING DATE 04/22/2004 RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 021587-9001-02
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APPLICANTS

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** CONTINUING DATA **

This appln claims benefit of 60/464,766 04/23/2003

** FOREIGN APPLICATIONS **

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/28/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY WI	SHEETS DRAWING 6	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Allowance Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>				

ADDRESS

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TITLE

Implantable cardiac assist device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 450		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)